Case Number:

FAIRFAX COUNTY DEPARTMENT OF CABLE COMMUNICATIONS AND CONSUMER PROTECTION

12000 Government Center Parkway, Suite 433 Fairfax, Virginia 22035-0047

www.fairfaxcounty.gov/consumer.htm

Telephone 703-222-8435 Fax 703-324-3900 TTY 711

COMPLAINANT: Print your name and address	RESPONDENT: Print name and address of party against whom you are complaining		
Name	Name		
Address	Address		
City State Zip	City State Zip		
Phone (office) (home)	Phone (office) (home)		
e-mail	e-mail		
PLEASE PROVIDE THE FO	DLLOWING INFORMATION		
(1) Date of transaction:			
(2) Have you contacted the Respondent about this complaint?	Yes No No		
If yes, what was the outcome?			
(3) Did you sign a contract or lease? Yes N	o Expiration Date:		
Is copy enclosed? Yes No			
(4) What resolution would you consider to be mutually fair?			
(5) Dollar amount in dispute, if applicable: \$			
(6) What other agencies/argenizations have you contested for	aggistance?		
(6) What other agencies/organizations have you contacted for assistance? - FOR OFFICE USE ONLY -			
Case Opened Case Reopened	Case Closed Case Reclosed		
Alleged Nature of Complaint			
Complaint Code No. ST CAT	Date Opened		
R Code C	omplainant Name (Last, First Initial)		
C Zip Code Final Amount F	Resolve Code Date Closed		
· ·	viewed Date Reviewed		
Forwarded to or other:			

COMPLAINT FORM INSTRUCTIONS (Please detach)

- (1) Please type or print in ink (use extra paper if necessary).
- (2) Please enclose copies (not originals) of all pertinent documentation such as leases, contracts, repair invoices, advertisements, etc. Do not enclose any personal data such as social security number or credit card numbers. FAILURE TO ENCLOSE COPIES MAY DELAY THE PROCESSING OF YOUR COMPLAINT.
- (3) Please be sure to include a telephone number where you can be reached between 8:00 a.m. and 4:30 p.m.
- (4) Please complete and sign the attached complaint form and return it to this office.
- (5) Reasonable accommodations will be provided for persons with a disability.

COMPLAINT FORM

PLEASE TYPE OR PRINT IN INK AND SIGN AT THE BOTTOM

Please note that a copy of your complaint will be forwarded to the Respondent

Description of complaint:
PLEASE READ DISCLOSURE STATEMENTS
All information provided to this office is available for public inspection under the Virginia Freedom of Information Act (§ 2.2-3700, et seq., Code of Virginia), except in the case of ongoing investigations. Closed complaints will be retained for three vears after closure and then destroyed.

The information requested on this form and on any subsequent requests for additional information are subject to the Virginia Government Data Collection and Dissemination Practices Act (§ 2.2-3800, et seq., Code of Virginia).

By signing this form, you authorize the Consumer Protection Division and any other local, state or federal agencies to which we may refer your case, to evaluate your complaint, to contact you and to take whatever lawful actions are deemed appropriate in your case.

By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief.

Signature		Date	
COMPLAINT FORM Consumer Protection Division 12000 Government Center Parkway, Suite 433 Fairfax, Virginia 22035-0047 703-222-8435 TTY: 711 WHAT WE DO: The Consumer Protection Division investigates and responds to complaints concerning both tenant / landlord and consumer problems. Complaints are resolved through mediation or arbitration between the parties and through law enforcement procedures, where appropriate. We can assist you if your dispute involves a business or tenant / landlord transaction that occurred in Fairfax County.	WHAT WE DO NOT DO: We do not provide legal advice. We do not regulate prices or rents. We do not handle employee vs. employer disputes. We do not handle business vs. business disputes. We do not handle cases against government agencies. We do not handle complaints involving dollar values of \$50 or less which do not reflect a potential violation of consumer protection laws.	IF YOU HAVE A COMPLAINT: Please be sure you have made an effort to resolve the matter by dealing directly with the manager or owner of the company or landlord involved. If you have exhausted all efforts to resolve the complaint yourself, complete this form, both front and back (following the instructions provided on the reverse) and return it to the Division. Upon receipt of your complaint, we will notify you within ten (10) days of the type of assistance that we can offer or if your complaint will be referred to another agency. If you have any questions, please contact the investigator assigned to your	case for assistance.